.S. No. 300
EV. 10-48

FILED JAN 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40524

BIRTH NO. _____ REG. DIST. NO. 65 PRIMARY REG. DIST. NO. 5250 Registrar's No. 55

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY Chariton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Brunswick Rural
c. LENGTH OF STAY (In this place) 30 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1 Mile NE of Brunswick, Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Chariton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Brunswick Rural
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Florence
b. (Middle) Lillian
c. (Last) Gritzmacher

4. DATE OF DEATH (Month) (Day) (Year) 12-16-1949

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 2-19-1878
9. AGE (In years last birthday) 71 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home
10b. KIND OF BUSINESS OR INDUSTRY Housework
11. BIRTHPLACE (State or foreign country) Brunswick, Missouri
12. CITIZEN OF WHAT COUNTRY? USA.

13a. FATHER'S NAME Thomas W. Elliott
13b. MOTHER'S MAIDEN NAME Emma Bennett
14. NAME OF HUSBAND OR WIFE Mark Gritzmacher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) xx
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Mark Gritzmacher ADDRESS Brunswick Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Colon

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 153X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION Dec 2-1948 1/2 Colon Removed By Dr Carcinoma Colon
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 2, 1949, *to* Dec 17, 1949, *that I last saw the deceased alive on* Dec 17, 1949, *and that death occurred at* 7 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE J L Fetzer (Degree or title) DO
23b. ADDRESS Brunswick Mo
23c. DATE SIGNED Dec 19-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 12-20-1949
24c. NAME OF CEMETERY OR CREMATORY Elliott Grove
24d. LOCATION (City, town, or county) (State) Brunswick, Missouri

DATE REC'D BY LOCAL REG. 12-20-49
REGISTRAR'S SIGNATURE Mildred Boone 56
25. FUNERAL DIRECTOR'S SIGNATURE L W Maisel ADDRESS Brunswick Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 1-5-50 JAN 5

District Health Officer No. 8,

District File Number

Date Filed 1-11-50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Student Embalmer No.

working under my personal supervision.

Student .....
Student Embalmer

Signed L. W. [illegible]

Licensed Embalmer No. 823

P. O. Address [illegible] Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.